

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No. 10/573696  
Filing Date \_\_\_\_\_  
Applicant \_\_\_\_\_

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1					S1						
2								S1						
3								S3						
4								S4						
5								S5						
6								S6						
7								S7						
8								S8						
9								S9						
10								S0						
11								S1						
12								S1						
13								S3						
14								S4						
15								S5						
16								S6						
17								S7						
18								S8						
19								S9						
20								S0						
21								S1						
22								S1						
23								S3						
24								S4						
25								S5						
26								S6						
27								S7						
28								S8						
29								S9						
30								S0						
31								S1						
32								S1						
33								S3						
34								S4						
35								S5						
36								S6						
37								S7						
38								S8						
39								S9						
40								S0						
41								S1						
42								S1						
43								S3						
44								S4						
45								S5						
46								S6						
47								S7						
48								S8						
49								S9						
50								S0						
TOTAL IND.			1		1			TOTAL IND.						
TOTAL DEP.			0		0			TOTAL DEP.						
TOTAL CLAIMS			1		1			TOTAL CLAIMS						